## APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

	Last Name					
Í	Last Name	First	Middle	Date		
	Street Address			Home To	elephone	
	City State 7:a	(				
P	City, State, Zip	1,000,000	Business Telephone			
E	Have you ever applied to	or employment with us?		<del></del>	)	
R	☐ Yes ☐ No th	ĺ				
S	Position Desired	*		Pay Exp	ected	
0	Apart from absence for r	18/01				
N		not, what hours can you work?			work overtime if	No No
A	Are you legally eligible to	I .	When will you be available			
L	Other special training as	alating the second seco		to begin	to begin work?	
	Other special training or	skills (languages, machine operation, etc.)				
						_
			•			
				No. of		
	School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
			<u></u>	Completed		
E D U C A T I O	Graduate				☐ Yes	
					Li No	
				<u> </u>		
	College				☐ Yes	
					□ No	
					36	
	Business/Trade/ Technical				Yes	
					□ No	
N			<del></del>		2	*
•	High School	0)			☐ Yes	
					୍ପ No	
					□ Yes	
	Etementary				□ No	
			<u> </u>		No.	
		Membership in Professional	or Civic Organizations			
		(Exclude those which may disclose your ra	ce, color, religion or national orig	jin)		
	-			<del></del> .		
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## **EMPLOYMENT**

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

_					Teleph		
)	Company Name				Teleph		
					(	)	
	Address					yed - (State m	onth and year)
l					From		То
r	Name of Supervisor				Weekl	y pay	
l					Start	_	Last
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}	Name of Supervisor				Start		Last
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	Company Name				1 '	hone	
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	Name of Supervisor		<del></del>		Weel	dy pay	
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	State Job Title and Describe Your Work				l neas	on tor Leaving	
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_				DO N	NOT CONTACT		
We may contact the employers listed							
	do not want us to contact.						
_							
_			27 27				
	MILITARY		Did you serve in the	= Yes	= No	If "Yes," in v	vhat Branch?
	tytili (An i		U.S. Armed Forces?	- 162	_ 140		
-							
	Describe any training received relevant to the	oosition for which	you are applying				
	<del></del>		<del></del>				
	8)						

## DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Provide dates you attended school:    Provide dates you attended school:   Elementary					and bases approximately, the transfer processors					
High School From To				Elementary	Number of dependents, including yourself					
From To   From To   Sex   Yes   No   Other (give name and dates)   Sex   Male   Female	Ū			- <del> </del>						
Other (give name and dates)    Marital Status		-		-	9					
Marital Status   Single   Engaged   Married   Date of Marriage   Pyes   No   How long at previous address?   Years   How long at previous address?   Years   No   How long at previous address   Years   No   How long at previous at long				From 10						
Manial Status   Single   Engaged   Married		0	give manne and dates;		5					
Single   Engaged   Married   Marri		Marital	Status		Date of Marriage					
Are you a U.S. City   No   Yes   No   No   How long at present address?   Years	100		Single	Engaged Married						
What was your previous address?    How long at present address?   Years   How long at previous address?   Years   No   If 'Yes,' with what employers?   Years   No   If not, employment is subject to vertication of age   Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annualled, expunged or sealed by a court?   Yes   No   If 'Yes,' describe in full.	had		□ Separated	Divorced	Are you a U.S. Citizen?					
Have you ever been bonded?   Yes   No					☐ Yes ☐ No					
Have you ever been bonded?		What v	vas your previous address?							
Have you ever been bonded? Ves No If Yes, with what employers?  Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Ves No If Yes, describe in full.  State names of relatives and friends working for us, other than your spouse  Have you physical defects which prectude you from performing certain jobs? Ves No If Yes, describe limitation  WARNING:  EMPLOYERS COVERED BY THE AMERICANS WITH DIS-ABILITIES ACT ABILITIES ACT ABILITIES ACT ABILITIES ACT ABILITIES ACT ABILITIES COVERED BY The Act rowns employers with more than 25 employers with the past of the past 5 years? Yes No If Yes, please describe  Have you had a major illness in the past 5 years? Yes No If Yes, please describe  I waive my right to written solice from passent or former employers whetherer they disclose to you a letter of moriented, disciplinary action regarding ms  Spature  I authorize the employer recopert of this application to both gather and keep records of my political activides.  Spature  Spature  Spature  Spature  Yes On O If Yes, describe limitation  If Yes, describe in If Yes, describe limitation  If Yes,	2									
Have you ever been bonded?   Yes										
If "Yes," with what employers?   If not, employers?   If not, employers is subject to verification of age   If not, employers is subject to verification of age   If not, employers   If		Have v	rou ever been bonded?	□ No						
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annufled, expunged or sealed by a court?    Yes		· ·	19 T.							
State names of relatives and friends working for us, other than your spouse    Have you received Worker's Compensation or Disability Income payments/										
State names of relatives and friends working for us, other than your spouse    Have you received Worker's Compensation or Disability Income payments/   Yes   No   If "Yes," describe.	en	sealed	by a court? Yes No	If "Yes," describe in full.						
Have you received Worker's Compensation or Disability Income payments/   Yes   No   If "Yes," describe.    Have you physical defects which preclude you from performing certain jobs?   Yes   No   If "Yes," describe limitation    WARNING:	-									
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WARNING: EMPLOYERS COVERED BY THE AMERICANS WITH DIS- ABILITIES ACT ARE PRONIB- TED FROM ASKING THESE OUESTIONS. The Act overs employers with more than 25 employees 15 employees 23 at 7/726/94).  I waive my right to written notics from present or former employers whenever they disclose to you a letter of reprintant, disciplinary report or disciplinary action regarding me  Signature  Signature  Ware you physical defects which preclude you from performing certain jobs? Yes No If "Yes," describe limitation  I "Yes," describe limitation  Was no If "Yes," describe limitation  Do you have any physical condition which might limit your ability to perform the job for which you are applying? Yes No  If "Yes," please describe.  I authorize the employer recipient of this application to both gather and keep records of my political activities.  Signature  Signature  Signature  Signature	=	State	names of relatives and friends worki	ng for us, other than your spouse						
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Do you have any physical condition which might limit your ability to perform the job for which you are applying?   Yes   No If "Yes," describe this condition and how you can perform the job in spite of it.    Do you have any physical condition which might limit your ability to perform the job for which you are applying?   Yes   No If "Yes," please describe in "Yes," please describe in "Yes," please describe.   Have you had a major illness in the past 5 years?   Yes   No If "Yes," please describe.   Yes   No If "Yes," please describe in "Yes," please describe	THE AM	ERICANS	,C							
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The information provided in this Application for Employment is true parcent, and complete if ampleyed, any misstatement or omission										
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of fact on this application may result in my dismissal.	Ĭ				· · · · · · · · · · · · · · · · · · ·					

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I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

## FOR EMPLOYER'S USE ONLY

$\binom{R}{R}$	Employer	Person Contacted	Results
E F E R	1		
N C E	2		
GHE	3		
CK	4		#: #:

	Tests Administered	Raw Score	Rating	Analysis and Comments
ES				
R				
SU				
L				
S				

I N	Interviewer Name and Comments
T E R V	
E W	
R E S	
STI	

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